



State of Hawaii  
Department of the Attorney General  
Tax Division  
425 Queen Street

Honolulu, Hawaii 96813

Phone: (808) 586-1470

Facsimile: (808) 586-8116

(Please print clearly and mail or fax to our office)

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**APPLICATION FOR RECOGNITION OF EXEMPTION FROM THE REGISTRATION  
UNDER HAWAII'S CHARITABLE SOLICITATION LAW, HAWAII REVISED STATUTES  
SECTION 467B-11.5**

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Name of Organization

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Address

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City, State and Zip Code

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Telephone Number

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Email Address of person completing form

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If incorporated, in what state? \_\_\_\_\_

**FEDERAL EIN NUMBER:**

**REASON FOR EXEMPTION:**

Please check the appropriate exemption box under H.R.S. § 467 B-11.5

- ☐ A duly organized religious corporation, institution or society. Please provide documents that substantiate that you are a duly organized religious corporation, institution or society.

***Note:** A duly organized religious corporation, institution or society is one recognized as exempt from income taxation by the Internal Revenue Service under section 501(c)(3). Thus, the applicant must submit substantiation that the applicant is a "church," an integrated auxiliary of a church, or nondenominational ministries, interdenominational and ecumenical organizations, and other entities whose principal purpose is the study or advancement of religion. If the applicant is neither a church nor integrated auxiliary, please submit a copy of your IRS determination letter with this application. Please consult IRS Publication No. 1828 for guidance on religious corporations and organizations exempt from taxation.*

- ☐ A parent-teacher association or educational institution, **the curricula of which in whole or in part are registered or approved by any state of the United States either directly or by acceptance of accreditation by a an accrediting body.** *Note: Private schools in Hawaii that are licensed by the Hawaii Council of Private Schools or are accredited by the Hawaii Association of Independent Schools satisfy this exemption. Please indicate whether your organization is licensed or accredited accordingly:*

- ☐ Licensed by Hawaii Council of Private Schools
- ☐ Accredited by Hawaii Association of Independent Schools

- ☐ A nonprofit hospital licensed by the State or any similar provision of the laws of any other state. **Please provide your license number and the state of issuance.**
- ☐ A governmental unit or instrumentality of any state or the United States. **Please explain why your organization is a governmental unit or instrumentality in the space provided below:**
- ☐ A person who solicits solely for the benefit of organizations described in paragraphs "1" to "4"; and

- ☐ A charitable organization that normally receives less than \$25,000 in contributions annually, if the organization does not compensate any person primarily to conduct solicitations. **Please provide evidence that your organization normally receives less than \$25,000 annually in contributions.** *(Please note that this exemption from registration does not apply to organizations if they employ a professional solicitor or any other persons to solicit funds).*
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(If attachments to explain the basis for the claim of exemptions are necessary, please include them)

**WE HEREBY** certify that we are duly constituted officers of the organization and that the information contained in the verification of exemption status is true and accurate to the best of our knowledge.

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Signature (Print)

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Signature (Print)

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Title

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Title

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Daytime Phone Number

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Daytime Phone Number

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Date

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Date